Petition Submission Initiative, Referendum, Recall, Political Party Formation

- \rightarrow This form must be completed and filed with any submission of signatures.
- → Each submission of signature sheets must be mailed or personally delivered by at least one chief petitioner, the chief sponsor or an authorized agent.
- \rightarrow When the submission completes the petition all chief petitioners must sign the same form.
- → State Initiative Petition Only one chief petitioner or authorized agent is required to sign this form for a sponsorship or monthly submission.

Type of Petition			
Initiative Refere	ndum	Recall	Political Party Formation
Petition Information			
Petition Title or Number			
Type of Filing Number of Si			res Submitted
Sponsorship Submission State Initiative Petition			
Monthly Submission State Initiative Petition			
Other Submission State Initiative Petition			
Completed Petition Submission			
Authorized Agent Certification An authorized agent is prohibited from completing the petition.			
→ By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge. While the petition sheets were circulated, the text of the petition was incorporated or attached as required by OAR 165-014-0030 (9) (a).			
Name	Contact Phone		Email Address
Signature			Date Signed
Chief Petitioner or Chief Sponsor Certification To complete a petition all chief petitioners must sign the same form.			
 → By signing this document, I hereby state that all information on the form is true and correct to the best of my knowledge and if marked completed petition I understand the petition cannot be withdrawn and request that the appropriate elections official conduct signature verification. Additionally if the petition is an initiative or referendum I attest that no circulators were compensated money or other valuable consideration based on the number of signatures obtained by the circulator. While the petition sheets were circulated, the text of the petition was incorporated or attached as required by OAR 165-014-0030 (9) (a). 			
Name	Contact Phone		Email Address
			I
Signature			Date Signed
			·
Name	Contact Phone		Email Address
Signature			Date Signed
Name	Contact Phone		Email Address
	contact i none		
Signature			Date Signed